				•./		uny	7	مرد					
								Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECOI								09 (585553				
	Effective December 29, 1999								<u> </u>	15	<u> </u>	53	
1,6	11/16/17	CLA	IMS AS	SM	ALL	ENTITY		OTHER	THAN				
18 20 21 (Column 1) (Column 2)										OR	SMALL	ENTITY	
FO	Ŕ			RFILED	NUMBER E	NUMBER EXTRA		TE	FEE		RATE	FEE	
BA	SIC FEE								345.00	OR		690.00	
то	TAL CLAIMS		21	minus 2	20= · /	1 /				OR	X\$18=	18	
	EPENDENT CL		8	minus	3=: 5	: 5			X39=		X78=	390	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	1098	
1-	CLAIMS AS AMENDED - PART II										OTHER		
١٠	(Column 1) (Column 2) (Column 3							\LL	ENTITY	OR	SMALL		
NT A		REM	AIMS AINING FTER IDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 24		Minus	. 24	= Ø	X\$	9=		OR	X\$18=		
ME	Independent	٠ 8	<u> </u>	Minus	··· 8	-0/s	ХЗ	9=		OR	X78=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_			+260=		
	_						+13	U= DYAL		OR	TOTAL		
	RCE								ļ	OR	ADDIT. FEE		
c	1-27-1	Col	umn 1)		(Column 2)	(Column 3)							
ENT 8		REM	AIMS WINING FTER VIDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• 2	4	Minus	-24.	= /	X\$	9==		OR	X\$18=		
AME	Independent	•	8	Minus	··· 8	-/	хз	9=		OR	X78≔		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+260=		
								STAL FEE		OR	TOTAL ADDIT. FEE	·	
		(Coli	umn 1)										
ENT C		CL REM	AIMS AINING TER IDMENT		(Column 2) Highest NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	LE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•		Minus	••	=	X\$	9= ·		OR	X\$18=		
	Independent	·		Minus .	OF A DEAT OF A DA	=	ХЗ)=		OR	X78=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE OR ADDIT. IT THIS Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 12/89)

OR

+130=

+260=

OR ADDIT. FEE